

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021773
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

FILED JUN 18 1962

Primary Registration District No.

3000

Registrar's No.

183

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN Kirkville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stephenson Hotel		d. STREET ADDRESS (If outside, give location) Stephenson Hotel	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mildred Middle Schmid Last Adams		4. DATE OF DEATH Month June Day 6 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-23-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Kirkville Bus Co.		10b. KIND OF BUSINESS OR INDUSTRY Transportation	9. AGE (last birthday) 52
11. BIRTHPLACE (City and state or country) Kirkville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME OTTO L. SCHMID		13b. MOTHER'S MAIDEN NAME Lillian Dilley	
14. NAME OF HUSBAND OR WIFE Arch C. Adams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Arch C. Adams Address Kirkville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Failure (3-4 hr) due to Interarteriosclerotic Heart Disease - (Long-standing) DUE TO (b) (1) Acute Pulmonary Edema (4 hr) (Mrs.) DUE TO (c) (2) Interarteriosclerotic Heart Disease - (Long-standing) CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of the Liver - Petechial Hemorrhages of Stomach			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 3-4 Month, Day, Year 3-8-62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-8-62 to 6-6-62 and last saw her alive on 6-6-62 Death occurred at 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS Kirkville, Mo. Stephenson Hotel	
22c. DATE SIGNED 6-8-62		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-9-62	
23c. NAME OF CEMETERY OR CREMATORY Highland Park		23d. LOCATION (City, town, or county) (State) Kirkville, Mo.	
24. FUNERAL DIRECTOR Des Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri		25. DATE RECD. BY LOCAL REG. June 9, 1962	
26. REGISTRAR'S SIGNATURE [Signature]		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1962

D. E. Maddox, D.O.

Permit issued June 9, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Larry Jackson

Licensed Embalmer No. 5458

P. O. Address, Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.